Name of Student _____

Parent Request Form for Medication Administration by School Personnel

Long-term medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form is to be brought to the school by the parent along with the medication.

Prescribed medication may be administered by a school nurse or by a non-health professional designee of the principal or school nurse. The medication should be brought to school in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school.

NOTE: The school nurse encourages short term antibiotics be given at home before and after school as well as over-the-counter medications/preparations (Tylenol, Aspirin, Benadryl, cough syrups, lotions or ointments). I also give permission for the school nurse to contact the prescribing physician and obtain any instructions or documentation necessary for my child to receive medication while at school.

All medications must be supplied by the parents in original containers and also require written consent even for intermittent use.

***Narcotic (pain relief medicine) is prohibited during school hours due to possible side effects.**

Date _____ Teacher _____

Medication & Dosage _____ Inventory _____

Condition for which prescribed_____

Special Instructions/ Precautions_____

Date Discontinued _____ Pick up sig _____

I request that the above medication be administered to my child.

_____/_____

Name Relationship

Phone number _____

Student Name _____

Date _____ Teacher _____
Medication & Dosage _____ Inventory _____
Condition for which prescribed_____
Special Insturctions/ Precautions_____
Date Discontinued _____ Pick up sig _____

I request that the above medication be administered to my child.
_____/_____
Name Relationship
Phone number _____

Date _____ Teacher _____
Medication & Dosage _____ Inventory _____
Condition for which prescribed_____
Special Insturctions/ Precautions_____
Date Discontinued _____ Pick up sig _____

I request that the above medication be administered to my child.
_____/_____
Name Relationship
Phone number _____

Date _____ Teacher _____
Medication & Dosage _____ Inventory _____
Condition for which prescribed_____
Special Instructions/ Precautions_____
Date Discontinued _____ Pick up sig _____

I request that the above medication be administered to my child.
_____/_____
Name Relationship
Phone number _____

Date _____ Teacher _____
Medication & Dosage _____ Inventory _____
Condition for which prescribed_____
Special Instructions/ Precautions_____
Date Discontinued _____ Pick up sig _____

I request that the above medication be administered to my child.
_____/_____
Name Relationship
Phone number _____